

TRANSPORTATION  
DOCUMENT NUMBER

LODGING  
DOCUMENT NUMBER

STATE OF NEBRASKA

EXPENSE REIMBURSEMENT REQUEST

BATCH NUMBER

DOCUMENT NUMBER

DATE  
2006  
day/month

NAME OF PLACE AND NATURE OF SERVICE  
Enter start and stop points for each trip  
State purpose of each trip

TRAVEL TIMES

STARTEDSTOPPED

MEALS

Actual Amounts  
only

LODGING

TRANSPORTATION

RATEMILESTRAVELEDAMOUNT

MISCELLANEOUS

DESCRIPTIONAMOUNT

TOTAL

TOTALS

Business Unit

Object Code

Amount

NAME and TITLE

ADDRESS BOOK NUMBER

HEADQUARTER CITY

ADDRESS

CITY

STATE

ZIP CODE

NE

I claim reimbursement from the STATE OF NEBRASKA for the above expenses incurred by me in the line of duty and declare that this is a true account of such expenses for which payment has not previously been made by the STATE OF NEBRASKA or another source.

EMPLOYEE SIGNATURE

DATE

I certify that reimbursement for use of privately owned vehicles is authorized according to the provisions of NE State Statutes sections 81-1014 & 81-1176.

AUTHORIZED SIGNATURE

DATE